

# PAYROLL DEPARTMENT

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**RIALTO**  
UNIFIED SCHOOL DISTRICT  
*BRIDGING FUTURES THROUGH INNOVATION*



# FORMS

All forms must be submitted with wet ink signature

Business Services / Fiscal Services



# FORMS

## Tax Forms – Due 15th of the month

W-4: Federal Employee's withholding certificate

DE-4: State EDD Employee's withholding allowance

**Form W-4** Employee's Withholding Certificate OMB No. 1545-0074  
(Rev. December 2020) Department of the Treasury Internal Revenue Service

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**2021**

**Step 1:** Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:** Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.



Clear Form

### EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

**Enter Personal Information**

First, Middle, Last Name	Social Security Number
Address	Filing Status <input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD
City, State, and ZIP Code	

- Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
  - Number of Regular Withholding Allowances (Worksheet A) \_\_\_\_\_
  - Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) \_\_\_\_\_
  - Total Number of Allowances you are claiming \_\_\_\_\_

- Additional amount, if any, you want withheld each pay period (if employer agrees), (Worksheet C) \_\_\_\_\_  
OR

#### Exemption from Withholding

- I claim exemption from withholding for 2021, and I certify I meet both of the conditions for exemption. (Check box here)

OR

- I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act

# FORMS

## DNP- Deferred Net Pay

- Irrevocable for the school year & due by August 15th
- Normal Salary is paid 10 months Sept-June
- 16.67 % of net pay (after taxes) is placed in a “savings bucket”
- Paid out in two equal installments on July 1st & August 1st
- Previously taxed and a way to get paid each month for 12 months



# FORMS

## DNP- Deferred Net Pay

**RIALTO UNIFIED SCHOOL DISTRICT  
CERTIFICATED DEFERRED NET PAY  
Election/Cancellation**



\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Site

I wish to elect Deferred Net Pay beginning with the \_\_\_\_\_ school year.

I understand that: (1) One sixth (16.67%) of my net pay (take home pay) will be deferred each month to be paid on **JULY 1 & AUGUST 1 (10-month employee)**.



**THIS ELECTION IS IRREVOCABLE WITHIN THE SCHOOL YEAR**



I wish to cancel Deferred Net Pay beginning with the \_\_\_\_\_ school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

NOTE: If you have any questions please call payroll at (909)820-7700

# FORMS

## Voluntary Deductions

Summer Savers– Schools First

Various Insurance carriers i.e. NTA, American Fidelity, The Standard  
Retirement accounts– Schools First Retirement 800-462-8328

Ext. 4116

Public-sector and nonprofit organizations don't offer 401(k) plans that employees can contribute to. However, they can and do offer other [employer-sponsored plans](#): the 403(b) and the 457.A [403\(b\) plan](#) (also called a tax-sheltered annuity or TSA plan) is a retirement plan offered by public schools and certain 501(c)(3) tax-exempt organizations.


There are significant tax advantages for participants in a 403(b), including pre-tax contributions to a 403(b) plan and earnings on these amounts are not taxed until they are distributed from the plan. (<https://www.irs.gov/retirement-plans>)

# FORMS

## EFT Authorization Form & EFT Stop Notice

- Must be submitted in person with valid ID & voided check or bank form attached
- Prenote Test successful ➡ Direct deposit the following payroll
- 1st check sent to site
- Prenote Cycle each time you change your banking account

**RIALTO UNIFIED SCHOOL DISTRICT**  
*Fiscal Services*  
182 E. Walnut Avenue  
Rialto, CA 92376  
(909) 820-7700



### Electronic Fund Transfer (EFT) Authorization Form

Last:  First:  M.I.

Job Title:  Site:

Social Security No.:  Classification:

I HEREBY REQUEST MY PAY WARRANT TO BE ELECTRONICALLY TRANSFERRED (EFT) TO MY BANK/CREDIT UNION (ATTACH VOIDED CHECK).

Financial Institution:  Branch:

Financial Institution 9 Digit Transit/ABA No.:

Account Number:   Checking  Savings

I,  shall hold harmless and indemnify the Rialto Unified School District

**RIALTO UNIFIED SCHOOL DISTRICT**  
*Fiscal Services*  
182 E. Walnut Avenue  
Rialto, CA 92376  
(909) 820-7700



### Electronic Fund Transfer (EFT) Stop Notice

Last:  First:  M.I.

Job Title:  Site:

Social Security No.:  Classification:

I hereby authorize Rialto Unified School District Payroll Department to stop the electronic deposit of my pay warrant effective the next available payroll cycle.



# TIME CARDS

- Due Date: 10th of the month
- Employee's responsibility to submit on time
- Extra Duty - blue
- Period coverage - salmon
- Rate: \$47.30/hr.
- PSR must be in Processed status

**RIALTO UNIFIED SCHOOL DISTRICT**  
HOURLY/ EXTRA DUTY TIME CARD

**CERTIFICATED CONTRACT**

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**EMPLOYEE NAME** (PLEASE PRINT LAST, FIRST) \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

IT IS ULTIMATELY THE EMPLOYEE'S RESPONSIBILITY TO SEE THAT HIS/HER TIME CARD IS FILLED OUT COMPLETELY AND TURNED IN ON TIME!  
*SEE REVERSE SIDE FOR INSTRUCTIONS*

Total Hours \_\_\_\_\_ **Pay Period:** 10 /11 to 11/ 10, 2020

DATE	TIME		# Hrs	ASSIGNMENT	ACCOUNT NUMBER							ADMIN. SIGNATURE (NO INITIALS)	
	FROM	TO			FND XX	RES XXXX	YR X	GOAL XXXX	FUNC XXXX	OBJ XXXX	SCH XXX		MGMT XXXX
11/10/2020	4:00	6:00	2	PBIS -PSR# XXXXXXX									

**RIALTO UNIFIED SCHOOL DISTRICT**  
SUBSTITUTE TEACHER TIME CARD

**CERTIFICATED CONTRACT**

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**EMPLOYEE NAME** (PLEASE PRINT LAST, FIRST) \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

*SEE REVERSE SIDE FOR INSTRUCTIONS*

Total Days \_\_\_\_\_ Total Hours \_\_\_\_\_ **Pay Period:** 11 /11 to 12/10, 2020

DATE	Check (-) if All Day or Indicate # of Hours	School	Substtue For	ACCOUNT NUMBER							ADMIN. SIGNATURE (NO INITIALS)	
				FND XX	RES XXXX	YR X	GOAL XXXX	FUNC XXXX	OBJ XXXX	SCH XXX		MGMT XXXX
12/10/2020	1	RHS	Miss Honey - conf PSR#									

EMPLOYEE SIGNATURE (See Reverse Side for Instructions)



# PAYROLL DUE DATES

## 15th of the month for next payroll date

Tax Forms

Voluntary deductions changes (including TSA, 457)

EFT forms- If form is late and funds are returned from old account to the County Schools, it may take up to 10 business days for Payroll to receive paper check (slightly flexible date)

## 10th of the month for next payroll date

Extra Duty Time Cards

Period Substitute Time Cards

## Adjusted Due Dates

December and fiscal year end - memos will be sent as needed

Due date falls on weekend or holiday - due last business day prior

# SICK LEAVE & ABSENCE AFFIDAVITS

## **SICK LEAVE ACCRUALS**

- 10-month Employees = 70 hours accrual

## **LEAVE TYPES - yearly maximums (Deducted from sick leave accrual)**

- Personal Necessity - 7 days
- Family Illness - 6 days
- General Leave - 3 days

## **LEAVE TYPES NOT DEDUCTED FROM SICK LEAVE ACCRUAL**

- Jury Duty - slip required
- Bereavement - 3 days
  - Out of State- 5 days

## **ABSENCE AFFIDAVITS**

- Site secretaries print on weekly basis and request your signature

# RETIREMENT ELECTION

## CalSTRS or CalPERS

- Previously no retirement system, CalSTRS, or alternate retirement system members:  
**CalSTRS member**
- Previously CalPERS member in a classified position:  
**May elect CalPERS or CalSTRS**
- A member of CalPERS who was employed by a school employer within 120 days of hire date, or who has at least five year of CalPERS  
**May elect CalPERS or CalSTRS**

**CalPERS members complete forms  
ES0372 & ES0350  
to elect retirement system**

**I am a member of CalPERS** who has accepted employment to perform service that requires membership in the CalSTRS Defined Benefit Program and am eligible to elect to continue coverage under CalPERS.

I elect coverage in: (please choose one)

CA State Teachers' Retirement System (CalSTRS)

CA Public Employee's Retirement System (CalPERS) \*

# RETIREMENT

## CALSTRS

Fiscal Year Creditable Service Performed In	DB Member Contribution Rate CalSTRS 2% at 60	DB Member Contribution Rate CalSTRS 2% at 62
Prior to 7/1/2014	8.00%	8.00%
2014-15	8.15%	8.15%
2015-16	9.20%	8.56%
2016-17	10.25%	9.205%
2017-18	10.25%	9.205%
2018-19	10.25%	10.205%
2019-20	10.25%	10.205%
2020-21	10.25%	10.205%
2021-22	10.25%	10.205%



## CALPERS

Contribution Rates	2021-2022
Classic & PEPR	7%

## OVERVIEW

The Employee Self Service gives you direct access to your payroll data via the web. You can review, print, or save your latest pay stub or annual W-2 tax form at your convenience from work or at home. Pay information is available for the current calendar year plus two historical years. W2 information is available for five calendar years. For districts currently using the **Employee Leave Tracking System**, real-time Leave Activity is also available in detail or summary.

The Employee Self Service is a secure web site which requires authentication during the initial registration process as well as a user name and password every time the site is accessed.

Future enhancements will include integrating benefit information.



**BEST NET Home**

**Main Menu**

- Home
- Earnings
- Benefits
- Taxes
- Leave Balances
- Preferences
- Change Password
- User Guide
- Logout

**News**

- 2012 W2's Displaying Incorrect Year
- More News...

**Recent Earning Statements**

- January 31, 2013
- December 28, 2012
- November 30, 2012
- October 31, 2012
- September 28, 2012

**Recent Tax Documents**

- 2012 W-2

Each paystub is listed by the issue date; the W2 information is listed by the "year". Click one of the records to open either a paystub or W2.

*For assistance with your account or registration, contact your Payroll administrator.*

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# BEST NET Employee Self Service Registration

<https://employeeselfservice.sbcss.k12.ca.us>



[CLICK HERE TO LOGIN TO BEST NET](#)

## REGISTRATION PROCESS

"First time" users must go through the registration process. Start by selecting the "District" you work in and click on [Register].

Complete the Registration form and select [Continue].

*Note: All fields must pass the authentication process to continue. "Net Pay" was selected as the optimum security question for your protection against identity theft.*

If you don't have a password, enter your District, then click Register to begin the registration process.

District:

San Bernardino County Superintendent of Schools

Register

For assistance with your account or registration, contact your payroll administrator.

### Register (Step 1 of 6)

To verify your identity, please enter the following information about yourself, then click Continue.

First Name:  (Must match what is currently displayed on Warrant or EFT Stub)

Last Name:  (Must match what is displayed on Warrant or EFT Stub)

Social Security Number:  (Example: 123456789 (no hyphens))

Net Pay:  (From your most recent earnings statement)

Continue



Conclusion

**QUESTIONS?**

